In Medias Res: The Ethicist as Mediator

by Giles R. Scofield, J.D.

Should medical ethicists be mediators? To those who believe that educating is not enough, but that advising is too much, mediating seems just right.[1] Instead of leaving people to their own devices (as does the ethics-educator), or presuming to give an expert opinion about what they ought to do (as does the ethics-advisor), the mediating ethicist gets involved, but not **too** involved in the identification, analysis and resolution of ethical dilemmas. As the name itself suggests, the ethics-mediator seems to be that perfect balance–the golden mean.

As a mediator, the ethicist simply helps frame the question, facilitate discussion, and enable those caught on the horns of a dilemma to reach the sort of shared understanding on which genuine consensus is based. The result is the "disposition" of values, instead of the imposition of values, with the disputants working through their differences virtually as if the ethicist were not there. They reach the result they would have reached in any event, with the help of, but **not** because of, the ethicist.

As with all utopian visions, this view of ethics consultation is more problematic and troublesome than it at first appears to be. Far from resolving the tensions inherent in ethics consultation in the advisory mode,[2] this "middle" approach simply transforms the overt exercise of knowledge-based power by the ethics-advisor into the covert exercise of power by the ethics-mediator. The mere fact that the ethicist wields power less obviously does not make the exercise of that power more acceptable. Nor does the fact that the ethics-mediator wields power covertly instead of overtly mean that concerns about the fact and manner in which this power is exercised also should be buried. On the contrary, the fact that such power can and will be exercised invisibly, in a manner that seems so innocuous and benign, should heighten our concern about what ethics-mediators do and how they do it. To understand the what and the how of ethics mediation, we need to examine both more closely.

Giles R. Scofield, J.D., is Associate Professor of Law and Director, Health Law Program, Pace University School of Law, and serves as the **Associate Editor for Law** of this journal.

The Illusion of (Non-)Expertise

To see what is happening when the ethicist mediates, consider the following scenario. A family and treatment team are struggling to decide whether it's proper to stop treating a patient. Take your pick. Either the family thinks nothing more should be done, but the doctors do; or the family thinks more should be done, but the doctors don't. In the first case the family thinks it's torture for treatment to continue, while the doctors say it's murder for it to stop; in the second the family thinks it would be murder for treatment to stop, while the doctors think it's abusive for it to continue. You get the picture.

What they know for certain is that they are hopelessly deadlocked. Suddenly, the door opens and in walks someone from housekeeping. The housekeeper identifies him- or herself, expresses concern over the difficulties the participants to this conversation are experiencing, takes a seat, and offers to mediate or facilitate the discussion. He or she then starts to ask people what they think the problem is, explores the extent to which such perspectives are shared or not, narrows the scope of disagreement, and helps focus their attention on what the real issue is. Based on the housekeeper's knowledge and experience–acquired by working in a hospital for 25 years--he or she "gets" the participants to see that while they all wish to do the right thing (no one wishes to do a wrong thing), they differ over what that "right thing" is.

After identifying a few instances of miscommunication, the housekeeper allows the participants to bring this meeting to consensus and mutual understanding. Voila!

If this scenario sounds ludicrous to you, ask yourself why that is so. If it does (and if you do), you'll probably find yourself asking: "What does or can someone from housekeeping know about medical ethics? What can or does he or she know about facilitating? Why on earth would (or should) anyone listen to a housekeeper? And what gives that person the right to be involved in this matter?"

Such questions likely reveal more about the person asking them than they do about the person they are being asked of (in this instance, the person from housekeeping). They are the sort of questions likely to be asked by someone who believes that "expertise" in ethics ex-

ists; that the art of conversation is a technique only a few people can or do know something about; that the people in this scenario need the help of an expert; and that the "expert"–and the only "expert"–who has the right to be involved in this discussion is the medical ethicist.

To question the housekeeper's, but **not** the ethicist's, right to participate in this conversation is to believe that ethicists can and do possess the sort of esoteric, arcane knowledge that is necessary and sufficient to be an ethics consultant, a belief nowhere better expressed than by Professor Donnie Self:

> There have long been societally recognized moral experts in all cultures. . . . Some people know more about subatomic physics than others. Similarly, some people know more about the process of moral decision-making than do others, which is, at least partly, why we have clinical ethics consultants.[3]

The moment one thinks that the words and opinion of someone such as a waitress, forklift operator, steamfitter, or even a housekeeper are inappropriate and unwarranted, one expresses the (unquestioned) sentiment that the words of the expert **do** matter, because the ethicist "knows" what he or she is talking about–and others do not.[4]

Thus, those who believe that ethicists should be mediators (and that "non-ethicists" should not) believe in the ethicist's "expertise." The reason that ethicists can, may and should mediate (and that others cannot, may not, and should not) is that ethicists can and do possess something that others cannot and do not, namely the knowledge and skills required to mediate an ethical dilemma. Because any such claim to specialized knowledge and skills is a claim to some form of expertise, any and every discussion about what ethics-mediators may, can or should do as facilitators are discussions about **how** they should wield the power that expertise confers on them, and not about **whether** they should do so. The assumption is that ethics-mediators may wield such power. Thus, ethics-advisors and ethics-mediators have at least one thing in common, the belief that they are experts. They differ over **how** they should behave as experts, but **not** over whether they are experts.

Because medical ethicists are as unwilling to examine as they are unable to prove that there is some basis for believing in their expertise, there is no need to dwell on this issue. It is enough to observe that the belief that the medical ethicist has a special role to play in this conversation is consistent with the ancient, deeply ingrained belief of those who are steeped in the philosophical tradition, namely "the notion of the philosopher as knowing something about knowing which nobody else knows so well," which translates into "the notion that his [or her] voice always has an overriding claim on the attention of the other participants in the conversation."[5] Regardless of whether one thinks that the ethicist needs to be offering advice or acting as a mediator, what matters is the belief that the ethicist has a unique and special role to play in this conversation, a role that cannot, must not, and should not be played by anyone else.

The belief that it is necessary and desirable for the ethicist to participate in these conversations also is consistent with the view that the "non-ethicists" are prone to commit errors in moral deliberations that ethicists can reduce or eliminate. The "derogatory view of the 'ethical competence' of ordinary people"[6] held by modern ethicists is not novel; it is merely an old idea dressed up to suit modern times. The ethics-advisor perpetuates in modern views about "expertise" classical beliefs about *phronesis*, and medieval beliefs about *synderesis*, i.e. that the untutored soul can err in ways known only to the moral ***cognoscenti***.[7] The ethics-mediator, on the other hand, stakes out a claim of "dialogic" expertise, i.e specialized knowledge about how to frame a question, discuss an issue, and analyze a response. This perpetuates classical beliefs about sophistry and medieval beliefs about casuistry in the modern guise of the dialectician's expertise.[8] In any event, ethicists operate on the implicit assumption either that ordinary people do not know what to think or how to think, depending on which tradition the ethicist adheres to. Regardless of which discredited tradition an ethicist adheres to,[9] every ethicist believes that he or she knows something that ordinary people do not and cannot know, which makes the ethics-advisors and ethics-mediators alike in that they are ethics "experts." So much for any notion that ethics-mediation can or does avoid the questions about "expertise" that plague ethics-advisors.

The Virtual Ethicist

The myth underlying mediation is the belief that the mediator somehow can and does exert a non-influential influence over the participants in a conversation. What seems to make mediating acceptable in a way that advising is not, is that advising can and does encroach upon a patient's moral autonomy (an issue for those who believe that patients can and should still have such autonomy), but that mediation does not and cannot do

so. What supposedly happens in a mediation is that the parties themselves come to a resolution that reflects the "disposition" of the case according to their values instead of the imposition of a solution according to the ethicist's values. Although the ethicist is present during this process, the process proceeds almost as if the ethicist had nothing to do with the outcome. In mediation things happen when the ethicist is present, but not because of anything the ethicist does apart from being present.

What occurs during the mediation process, then, is something akin to spontaneous resolution, in which the ethicist acts much like phlogiston. And if this explanation of mediation is difficult for the uninitiated to comprehend, that does not discredit the ethics-mediator's theory of causality; on the contrary, it merely reaffirms just how arcane and esoteric the ethics-mediator's powers are. In short, it's the sort of mystery professionals promote in order to cause others to believe in their powers.[10] In truth, just as there lurks within the ethics-mediator a belief in the ethicist's expertise, there lurks within ethics mediation a reality of causation that disproves the belief that ethicists can be or are a non-influential influence. Whatever the ethics-mediator's phlogiston is, it clearly is not an inert element, as is easily demonstrated.

If it were true that the parties to an ethical dispute did or could reach a consensus virtually as if the ethicist had nothing to do with it, there would be no demonstrable need for ethicists, because there would be no evidence that would or could lead anyone to believe that the ethicist's participation makes a difference in the identification, analysis and resolution of ethical dilemmas. And if that were the case, the ethics mediation enterprise would soon grind to a halt. Thus, while ethicists minimize influence in order to enjoy the pleasures of diminished accountability, they simultaneously struggle against creating the impression that they are "non-essential" personnel. For that reason, mediation has the qualities of a catalyst and the qualities of an inert element–a combination not generally found in nature. The catalytic qualities of ethics-mediators enable them to take credit for "good" outcomes; the inert qualities of ethics-mediators enable them to avoid responsibility for bad outcomes. This is their phlogiston theory of moral agency and responsibility. They want us to believe that they are influential enough to be necessary (on the theory that we act at our peril without them), but not influential enough to be responsible for what gets decided (on the theory that we act at our legal peril with them). As the song goes, this is nice work if you can get it. But does this phlogiston exist? Just what is the impact of the ethicist as catalyst?

Ethics-mediators certainly can and do take credit for expediting deliberations. They can and do break logjams and move things along to closure, which means that they "cause" disputes to be resolved efficiently, i.e. in a timely manner. Because time means money–now, more than ever–cost-conscious providers are likely to value this service highly. Ethics-mediators also can take credit for "neater" outcomes. The ethics-mediator who can frame the questions and issues, and separate the wheat from the chaff reduces the clutter and mess that can and does accompany ethical dilemmas. Thus, ethics-mediators serve to streamline moral deliberations, by taking the muss and fuss out of working through a dilemma. When it comes to consensus-building ethics-mediators are efficiency experts.

Setting aside the questions of whether the expedited resolution of a dispute necessarily is better than allowing things to happen in their own good time, and of whether consensus-building is a euphemism for dissensus-reduction,[11] is it fair to assume that the "good" valued in ethicists is only process-related, and not in the least content-related? Hardly. It is a mistake to believe that procedural efficiency is all that ethics-mediators can or do bring to the conversation, and naive to believe that deliberative speed is what they are valued for. Certainly ethics-mediators who "get" families to agree to not waste medical resources, i.e. who get them to not demand medically futile treatment,[12] will be more valued than the ethics-mediator who does not. Similarly, the ethics-mediator whose interventions result in decisions that are consistent with an institution's mission, and who does not challenge medicine's professional autonomy will be–like the nurse who is successful at persuading families to consent to organ donation–more valued than the ethics-mediator whose intervention fosters resistance to what the powers-that-be believe "ought" to be done in a given situation. Thus, there is no reason to believe that ethicists are valued solely for reasons having to do with how they do what they do, and considerable reason to believe that the outcomes/contents of the decisions they "facilitate" are and will be increasingly related to the value others place on their services. Like everyone else in the real world, medical ethicists and medical ethics departments must justify their existence. Unless they are satisfied with being another "feel good" center, and are not worried about having to distinguish themselves from "philosophically informed social worker[s],"[13] ethics-mediators will see that the ethicist's hey-

day is tied to the ethicist's payday--and act accordingly. And that means that ethicists will behave like any other professional consultant–in a manner that is consistent with securing referrals from colleagues and garnering institutional support. Notwithstanding the current interest in process, the bottom line remains outcomes.

Even if there were an ethics-mediator who was immune to the political, financial and interpersonal forces that everyone else has to deal with in the clinical setting, and had no regard for the professional referrals and institutional support required to make a livelihood of ethics, there still would be no reason to believe that ethics-mediators always can or always do exercise a non-influential influence over others. There is no such thing as non-directive mediation.

First of all, ethicists are shaped by their background, training and experience, which means that they do not participate in these conversations from some Archimedean point of view. Just as there is no place from nowhere and no glass that neither refracts nor reflects, there is no ethicist whose phlogiston is inert, and no ethicist who is a neutral, impartial, value-free, unbiased and unprejudiced participant.

No matter how insightful and self-aware some ethicists may be, no one can ever know whether the ethicist suffers from "culturally induced moral ignorance," the magic bullet theory recently developed to exculpate moral failures by conflating the question of what individuals did know with what they could know.[14] Because medical ethicists constitute and are constituted by the social construction of morality, they cannot assure us that conduct that is now regarded as proper will not later be regarded as abhorrent.[15] The only thing they can do is tautologically anesthetize our moral sensitivities, by saying that things are as they ought to be, and ought to be as they are, conflating descriptive and prescriptive ethics in a manner that leaves little room for the moral authority of individual conscience; a sort of moral ordering.[16]

Finally, ethics-mediators cannot deny that their presence somehow does make a difference. Even if all they do is re-frame a question, repeat what is said, spot issues, identify speakers, and somehow produce closure, they are not doing nothing. At a minimum, what they say (and do not say), how they express themselves, what sort of words and body language they employ–all of these things can and do influence the decisions others make. In short, it is make believe to believe that ethicists can or do mediate as if they were not present.

The reluctant consultant

Fortunately, there is no need to dwell on the idealized view ethics-mediators have of themselves, nor become bogged down in a tedious, distracting discussion about the so-called "straw man" issues that beset the unsettled field of ethics consultation.[17] The best evidence for the proposition that ethics-mediators can and do influence outcomes–even if they attempt not to–and that they are likely to be valued on the basis of the outcomes they achieve, comes from a field that ethicists are (or ought to be) familiar with–genetics counseling.

Like ethics consultants, genetics counselors are a multi-disciplinary group whose practitioners are involved in controversial, difficult and intensely personal decisions affecting the termination of human life. Interestingly, when the field of genetics counseling first appeared as a "nascent profession," its practitioners became embroiled in a heated debate about what role the genetics counselor ought to play: advisor, facilitator or educator. Over the years, the debate has essentially died out, and yielded to the consensus that genetics counselors should engage in "non-directive" counseling and should avoid "directive" counseling.[18]

Genetics counselors believe it is not appropriate for them to offer advice on what an individual "ought" to do. They hold to this position, *inter alia*, because they believe that there is no objectively correct answer to the dilemmas their clients face, that the choice must be that which reflects the clients' subjective values and beliefs, and because any advice offered by the counselor constitutes an unacceptable encroachment on a client's moral autonomy.[19] Instead of acting as advisors, genetics counselors believe that they should educate patients on genetics, so that patients can make the decision that reflects their values, attitudes and beliefs.

Interestingly, non-directive counseling has proven to be easier said than done. For one thing, not all genetics counselors adhere to the principle of non-directive counseling.[20] For another, even those who try to be non-directive do not always succeed. As it turns out, the recipients of the information provided by genetics counselors often pay close attention to what they say (and do not say) and how they say it; and they even find significance in the counselor's body language.[21] Thus, those familiar with genetics counseling appreciate that how information is presented and how it is interpreted can be quite different, which makes it difficult for genetics counselors to attain the goal of non-directiveness, assuming that they even make the effort.[22] As a result, there is every reason to be concerned that so-called non-directive counseling, occasionally described as "decision

facilitating," may not be as non-directive as its advocates make it out to be.[23]

Outside the United States, one geneticist has wondered whether non-directive counseling is "inevitably a sham, not because of a personal failure on the part of the genetic counsellor, but as a direct result of the structure of the encounter between counsellor and client."[24] In addition to wondering generally what there is to the counselor-client relationship that makes non-directive counseling difficult, if not impossible to achieve, Professor Clarke has argued that genetics counselors may feel so pressured to justify their existence that they subtly steer clients towards decisions that advance the goal of not wasting resources.[25] All of which begs the question of what counts as "success" in genetics counseling.[26]

Given the similarities between these fields and given that genetics counseling is an area of interest in medical ethics, one would think that ethicists who wish to consult should take a cue from the field of genetics counseling. Interestingly, the experience of genetics counselors and the questions raised about genetics counseling have not infiltrated the debate about what ethics consultants ought to do, or any discussions of whether they can in fact do what they claim to be able to do. Given that some individuals prominently involved in the ethics consultation movement have written about the difficulties genetics counselors face, this lacuna is all the more intriguing. Whether this failure on the part of the community of ethicists reflects American exceptionalism, compartmentalization, "cultural blindness," or some other influence remains to be seen. For now, it is enough to note that the ethics community is either unable or unwilling to make and explore the connection between geneticists and ethicists who consult, directively or non-directively, as advisors or as mediators. Because ethics consultants avoid asking of themselves the sort of questions they are fond of asking about others, questions that go begging for answers among geneticists who consult do not even get asked among ethicists who consult.

Is ethics just like genetics?

Of course one could–and some will–contend that if we can accept genetics counseling, there is no reason to reject ethics counseling. After all, if we can accept the bad with the good where geneticists are concerned, why not strike the same "pragmatic" solution where ethicists are concerned? There are a few things wrong with this line of reasoning.

First, even genetics counselors agree that they should not give advice outright. Therefore, if ethicists wish to accept the genetics counseling model, the first thing they must do is agree to abstain from advising, a position that ethics-advisors are not likely to endorse.

Second, even though genetics counseling and ethics consultation are analogous, they are neither identical nor commensurable bodies of knowledge, except for those who believe in the "science" of moral reasoning. The distinction makes a difference.

It is fairly obvious to anyone who has picked up a book on genetics that genetics **is** scientific, technical, arcane, esoteric knowledge of the sort that individuals ordinarily do not possess. In addition, genetics counselors recognize the difference between the technical knowledge they bring to the counselor-client relationship and the evaluative knowledge that the client brings; **and** they believe that the client is and ought to be sovereign within the evaluative domain, otherwise known as the domain of the elusive ought.[27] In short, geneticists start with the belief that individuals are and should be regarded as capable of making evaluative decisions (otherwise known as normative judgments). Ethicists, on the other hand, have conflated descriptive with prescriptive ethics, as if a person's ability to pass the "oughts" of life depended on one's ability to describe Aristotle's theory of ethics. While the individual who flunks genetics clearly should not be a geneticist, surely one's ability to be regarded and respected as an individual capable of conscientious deliberation does not, cannot, and should not depend on one's having passed written and oral examinations that test one's capacity to know and pursue the good.

Yet this clearly is what ethics-experts believe, no matter how they try to conceal their contempt for the moral capacities of non-ethicists. As has already been noted, ethicists, whether as advisors or mediators start with the assumption that they possess superior knowledge and skills in the area of evaluative-normative decision-making. Whereas geneticists take it as an article of faith that individuals are ethically competent, ethicists believe that non-ethicists are ethically incompetent. At bottom, that's what a belief in the ethicist's expertise is all about.

The difference between ethics consultation and genetics counseling is that ethics is not like genetics. Unless one adheres to the view that moral deliberations conducted in accordance with ethics, the "science" of moral reasoning, are demonstrably superior to moral deliberations conducted according to the dictates "conscience," then one cannot posit a belief in a "technical" ethics that is distinct from and superior to the moral deliberations of non-ethicists. While the best evidence that no such distinc-

tion can or should be drawn is found in the fact that the Society for Bioethics Consultation still has not said what it is that one must know in order to be an "ethicist" (and evidently needs at least two more years to figure that out), consider Hans Jonas' recent remarks on whether philosophy is or ought to be regarded as a physical science.

I do not intend to speak about Philosophy with a capital P, for it is doubtful whether such an identifiable entity exists. Just compare it with the natural sciences: physics, chemistry, astronomy–each has its well-defined subject matter, whereas philosophy can deal with anything and everything. Then, too, these sciences of nature all have a clearly recognized method that each of them is strictly bound to follow. Philosophy, on the other hand, which is so fond of reflecting on the method of every other science, has yet to produce any binding method of philosophizing and probably never will.

Above all, however, every branch of natural science can state at any given time what is valid in it and what is forever out of the question. The past is, at the most, of historical interest. No physicist of today, for example, can rescue 'phlogiston' from history's graveyard. But Plato and Aristotle, the Stoics and the Epicureans, Hume and Kant, Hegel and Nietzsche offer continual subjects for debate for modern philosophers and can still find adherents among them. Whereas there can no longer be an alchemist or astrologer whom we take seriously, we can still take seriously an Aristotelian or Hegelian. In philosophy we cannot have a binding consensus about what is correct and what is false. We cannot even desire one; it would spell the death of philosophy.[28]

If philosophy begins in wonder, we'd better wonder what it means to live in a society in which the wondering is turned over to someone else.

Process makes perfect?

No discussion of ethics-mediators would be fair if it failed to address the benefits and disadvantages of alternative dispute resolution, which partly explains why ethics mediation has become so attractive. To be sure, there is something to the concern that judicial intervention generally is not and should not be invoked in end-of-life decision-making. Clinical decisions, even tough clinical decisions, can and should be made where they arise: in the clinical setting. Just as one should not reject the courts without qualification, one should not endorse mediation without qualification.

First of all, there is process and there is process. One advantage of judicial intervention is that one can argue on the basis of prior precedent and experience what ought to be done in a given case, because that case law is public knowledge. This simply is not the case where mediation is concerned. While those with longstanding ties to an institution and those who are privy to its innerworkings can and will know how and why prior cases were resolved as they were, patients and families do not and probably cannot have access to that information. Thus, there is no basis for the patient's knowing what the institution's prior experiences in such matters does or should mean about what ought to be done in this case.

There is a difference between doing process and due process. One need not believe that all such matters should be decided in public courts to appreciate that the privatization of dispute resolution likely denies patients rights they would possess were they in court. To provide a concrete example, what is one to make of all the scribbling that goes on during an ethics mediation? Specifically, are those writings statements which can later be used in court? Or are they statements made during "settlement" negotiations, which means that they may not be used? No one tells patients about this, and I have seen more than one hospital counsel vigorously take down everything that gets said during a mediation–and never seen an ethicist question that practice. One of the dangerous seductions of mediation is the belief that because things are nicely done, that means they are well done. Is mediation a substitution for the courts, or a way to get away with things that no court would permit?

Second, judges are independent arbiters; ethics-mediators are not. The judge who decides a case may need to worry about being reversed on appeal, but he or she does not need to worry about whether his or her caseload is going to dry up. Ethics-mediators, however independent and neutral they try to be, are not appointed for life; like any and every other consultant, their livelihood depends on their receiving institutional support and a steady stream of professional referrals. Not only are ethics-mediators not as independent as judges are, they are not as independent as they would like to think that they are.

Finally, there is no reason to suggest that ethics-mediators can, do or will alter or equalize the asymmetries of power that plague end-of-life decision-making, and every reason to believe that they cannot, do not and will not do so. Alternative dispute resolution has a longer track record in the context of employer-employee and spousal disputes than in physician-patient disputes. So far, the evidence suggests that those who possess power prior to entering the

dispute resolution process (employers and, generally, husbands) are able to wield that power to their advantage in mediation.[29] Does anyone think that patients will succeed where employees and (generally) wives have not? Are we to believe that issues of power are compartmentalized in such a manner that they affect every other relationship, but not the relationship between a patient and a physician, a hospital or a managed care organization?

Conclusion

If ethics-mediators cannot and should not do what they purport to do, then what ought persons who know something about ethics do? What's wrong with being educators? Educating others is consistent with the edifying role that Richard Rorty argues is the philosopher's proper purpose.[30] Education is also a form of "mediation," the difference being that one mediates knowledge instead of a dispute.[31] To educate others about ethics not only limits the philosopher's authority, it enables and allows others to do with that knowledge what they will as they encounter the uncertainties and ambivalence that come of living in a world of difference.

As Judith Ross has observed, ethicists may not be happy serving in the seemingly limited role of educator.[32] To be sure, it is not easy to eschew the trappings of power–of having a say in who lives and who dies, of testifying in court, of advising politicians; if Plato and Aristotle could advise the tyrants and kings of their time, why cannot ethicists at least participate in current conversations about what we ought to do?

Surely the question is not whether those who know something about ethics may or may not participate in such conversations; rather, it is **how** they should–given what we all know about ethics, expertise, the state of moral knowledge and the democratic way of life. Ethicists, by ignoring the observation, "Philosophical founding is an authoritarian business,"[33] avoid serious discussion of the implications that their particular knowledge-based claim to power has for a society that supposedly believes in allowing individuals to form and act on decisions of personal conscience. Educating, i.e., mediating knowledge in the classroom, enables those who truly do know something about moral philosophy to exercise their authority within that limited context, by sharing their superior knowledge with those who wish to know. Confining the ethicist's authority to the sphere of education does not preclude the ethicist from participating in those conversations that take place outside the classroom; it simply means that in those conversations the ethicist participates as a citizen, not as a philosopher.

> [P]hilosophical validation and political authorization are two entirely different things. . . . Authorization is the work of citizens governing themselves among themselves. Validation is the work of the philosopher reasoning alone in a world he inhabits alone or fills with the products of his own speculations. Democracy has no special claim in the philosophical realm, and philosophers have no special rights in the political community. In the world of opinion, truth is indeed an opinion, and the philosopher only another opinion-maker.[34]

If the philosopher is "only another opinion-maker," it stands to reason that the philosopher cannot claim the privilege of having a special voice in matters of moral deliberation. Because the philosopher is "only another opinion-maker," the philosopher should not have a special voice in matters of moral deliberation. Deliberating, reflecting, conversing and listening are not exclusive attributes, but the commonly held skills of a democratic citizenry. That being the case, the ethics-mediator's voice is privileged in a manner that is inconsistent both with what is known about philosophy and what is believed about democracy, an inconsistency that is no less glaring for its being so well concealed.

The basic reason that the realm of the ought is not and should not be the ethicist's exclusive domain is precisely because the "oughts" are–and remain–as elusive as they are. Nothing suggests that we can or should place our faith in the ethicist's knowing so well that which is as well known to everyone as it is to the few who claim to know it best. Nothing, that is, except a belief in the ethicist's phlogiston.

Endnotes

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